



2011

**West Allis
West Milwaukee**

Youth Risk Behavior Survey



Public Health
Prevent. Promote. Protect.

West Allis Health Department

V: 11102011

PURPOSE

The purpose of the 2011 West Allis-West Milwaukee Youth Risk Behavior Survey is to provide the West Allis-West Milwaukee community with information on the health status and risk behaviors of 8th-12th grade public high school students.

The primary objectives of this survey are to:

1. Gather data on protective assets, traffic safety, personal safety, school safety, mental health, asthma, sexual behavior, body weight, exercise and nutrition.
2. Gather data on the prevalence of alcohol, tobacco and drug usage and opinions towards the use of alcohol, tobacco and other drugs.
3. Chart data as available from 2004, 2005, 2007, 2009, and 2011 to view trends for the West Allis-West Milwaukee community.
4. Compare the West Allis-West Milwaukee data to the Wisconsin data of 9th through 12th grade public school students when available.
5. Compare data to Healthy People 2020 objectives.
6. Use data to monitor progress toward achieving the objectives of the West Allis-West Milwaukee Community Health Improvement Plan 2015.

METHODOLOGY

The 2011 West Allis-West Milwaukee Youth Risk Behavior Survey was administered in January 2011 to all West Allis-West Milwaukee School District students in 8th-12th grade. All students were asked to participate in the anonymous and confidential survey and were provided adequate time and location to complete the survey. Students whose parents opted them out of the study or who had undeliverable addresses were not given a survey.

Two sets of surveys were administered, one to 9th-12th grade (high school) students and one to 8th grade students. High school students were given a 93-item questionnaire, a shortened version of the Wisconsin Youth Risk Behavior survey with minor modifications. The 70-item questionnaire presented to the 8th grade population excluded certain survey questions. The results that pertain to all 8th-12th grade students are designated as such throughout this report. JKV Research analyzed the data.

A total of 2,671 surveys were analyzed. With 2,671 surveys we can be 95% sure that the sample percentage reported would not vary by more than ± 2 percent from what would have been obtained by interviewing all persons in 8th through 12th grade. The margin of error for smaller subgroups will be larger.

Distribution of students and surveys in West Allis-West Milwaukee Schools			
	2011 School Population	Number of Usable Questionnaires	Percent of Survey Population
All Grades	3,666	2,671	100%
Grade level			
8 th grade	559	473	18%
9 th grade	755	543	20%
10 th grade	788	563	21%
11 th grade	823	522	20%
12 th grade	741	391	15%
Grade not given	0	179	7%

TABLE OF CONTENTS

Summary.....	1
Protective Assets	3
Traffic Safety	5
Personal Safety.....	7
School Safety	8
Mental Health	10
Asthma.....	12
Tobacco Use	13
Alcohol Use	18
Marijuana Use	21
Illicit Drug Abuse	23
Prescription Drug Abuse	27
Sexual Behavior	28
Body Weight.....	30
Exercise	32
Nutrition.....	35
Resources.....	37

SUMMARY

Positive Trends

Traffic Safety

- ✓ Driving at least once after drinking alcohol
- ✓ Being a passenger when the driver had been drinking
- ✓ Never or rarely wearing a seat belt

School Safety

- ✓ Agree violence is a problem at their school

Tobacco Use

- ✓ Being a current smoker
- ✓ Being a frequent smoker
- ✓ Smoking a whole cigarette ever
- ✓ Having a first cigarette at age 12 or younger
- ✓ Ease in obtaining tobacco
- ✓ Parents feel it was very wrong of them to smoke

Alcohol Use

- ✓ Having a drink ever
- ✓ Drinking alcohol in the past 30 days
- ✓ Binge drinking in the past 30 days
- ✓ Ease in obtaining alcohol

Marijuana

- ✓ Ever using marijuana
- ✓ Trying marijuana for the first time at age 12 or younger

Illicit Drug Use

- ✓ Using methamphetamines at age 13 or older

Prescription Drug Abuse

- ✓ Using prescription painkillers ever
- ✓ Using prescription painkillers at age 13 or older

Physical Activity

- ▲ Exercising 31 minutes or more during PE class

Nutrition

- ✓ Drinking 2 or more non-diet sodas per day



Areas Needing Improvement

Traffic Safety

- Never/rarely wearing a bicycle helmet – 92%

Personal Safety

- Being in a physical fight – 33%

School Safety

- Being in a physical fight at school – 15%

Mental Health

- Having long-term emotional/mental health problem – 26%
- Attempting suicide – 8%

Asthma

- Having asthma ever – 25%
- Currently having asthma – 19%

Tobacco Use

- Using chewing tobacco, snuff or dip – 7%

Alcohol Use

- High school seniors never consuming alcohol – 20%
- Binge drinking in the past 30 days – 20%
- Disapproval of someone having 1-2 drinks/day – 59%

Marijuana

- Using marijuana in the past 30 days – 26%
- Parental disapproval of smoking marijuana – 69%

Illicit Drug Use

- Reporting offer of illegal drugs on school property – 28%
- Trying cocaine at age 12 or younger – 4%

Prescription Drug Abuse

- Taking prescription drugs without a prescription – 16%

Sexual Behavior

- Seldom or never using birth control – 29%
- Using a condom during last sexual intercourse – 57%

Body Weight

- Being overweight (85th-94th percentile) – 14%
- Being obese (95th percentile or higher) – 12%

Physical Activity

- Vigorous physical activity – 61%
- Moderate physical activity – 27%
- Spending 3 or more hours per day on a computer – 32%

PROTECTIVE ASSETS

A teen's health is significantly affected by the complex interplay of biological, psychological, and social risk factors and protective factors as well as the experiences that occur during critical or sensitive periods through the lifetime. Protective assets such as family and teacher support, a sense of belonging and self worth are examples of protective factors that can have a positive influence on a teen's ability to make healthy choices, avoid risks or hazards, and promote social and emotional wellbeing and health.¹

2011 West Allis-West Milwaukee YRBS Highlights

In West Allis-West Milwaukee, students report high levels of protective assets. In general, the 2011 West Allis-West Milwaukee Youth Risk Behavior Survey showed:

- Students who reported strong family and teacher support and felt connected to their schools less often reported engaging in physical fights, carrying a weapon, using drugs, drinking alcohol, or having sex
- Students who reported grades of mostly A's and B's less often reported being involved in risky health and safety behaviors than those who reported grades of mostly C's, D's, and F's
- Students who reported higher grades more often responded positively to questions of family and teacher support



Specifically, the 2011 survey showed:

- **68%** of 8th-12th grade West Allis-West Milwaukee respondents reported having two or more adults, besides their parents, from whom to seek help if they had an important question affecting their life
- **15%** of respondents reported having no adults, besides their parents, from whom to seek help
- **80%** of respondents agreed their family loves them and gives them help and support when needed

Male respondents more often reported having more social support than female respondents. The table below shows the percent of respondents by gender who reported receiving social support.

Percent of 8 th -12 th grade West Allis-West Milwaukee respondents by gender who reported receiving social support		
	Males	Females
Family gives love and support	81%	79%
Teachers really care; give support and encouragement	55%	58%
Feel they belong at school	64%	60%
Two or more adults from whom to seek help	68%	68%

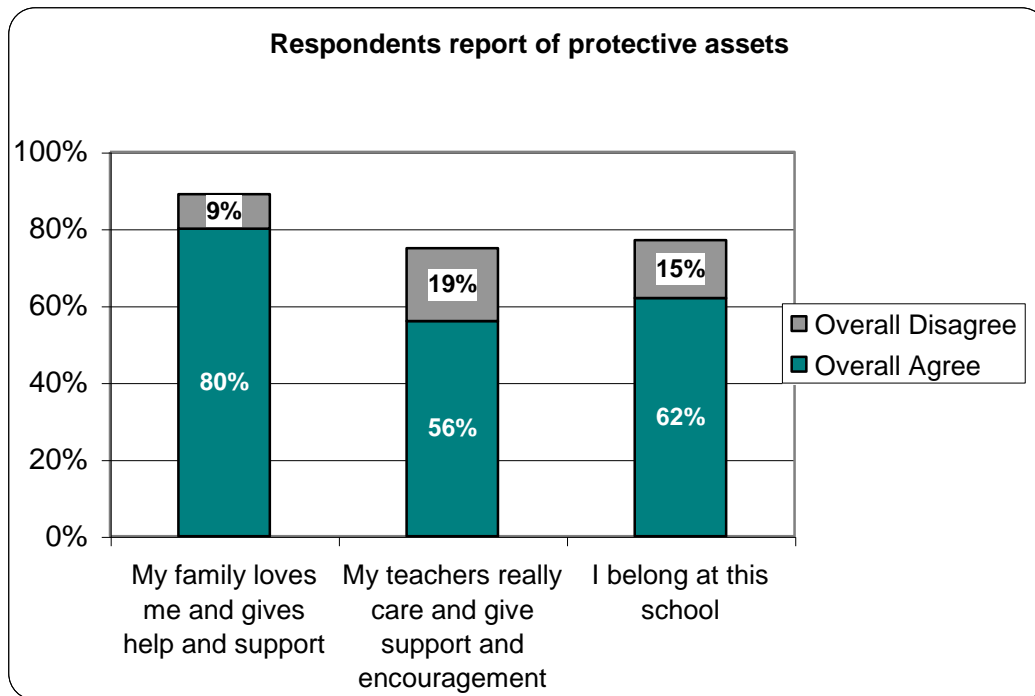
Protective Asset Trends

From 2004 to 2011, there was a statistical decrease in the overall percent of 8th-12th grade respondents who reported:

- Their family loves them and gives them help and support when needed (**87%** to **80%**)
- They feel they belong at their school (**68%** to **62%**)

From 2004 to 2011, there was no statistical change in the overall percent of 8th-12th grade respondents who reported:

- Having two or more adults, besides their parents, from whom to seek help if they had an important question affecting their life
- Their teachers really care about them and give them a lot of encouragement



TRAFFIC SAFETY

Motor vehicle crashes are the leading cause of death for U.S. teens, accounting for more than one in three deaths in this age group. The risk of motor vehicle crashes is higher among 16 to 19 year olds than among any other age group. In 2009, eight teens ages 16 to 19 died every day from motor vehicle injuries. Certain factors place teens at risk for motor vehicle crashes: teens are more likely than older drivers to speed, teens have the lowest rate of seat belt use compared with other age groups, and at all levels of blood alcohol concentration, the risk of involvement in a motor vehicle crash is greater for teens than for older drivers. In 2008, nearly three out of every four teen drivers killed in motor vehicle crashes after drinking and driving were not wearing a seat belt.²

Bike safety is another concern. Bike crashes or collisions can happen at any time, and in three out of four bike crashes, bikers usually get some sort of injury to their head.³ Bicycle helmets prevent 52-60% of bike related head injury deaths and can reduce the risk of serious head injury by as much as 85% and severe brain injury by 88%.⁴

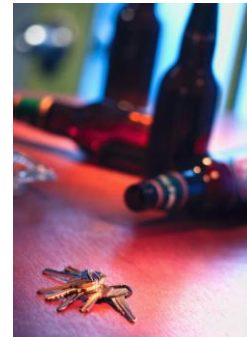
2011 West Allis-West Milwaukee YRBS Highlights

Seat Belt Use

- 8th-12th grade respondents reported they always (**42%**), most of the time (**29%**), or sometimes (**15%**) wore seat belts when riding in a car driven by someone else
- **14%** of respondents reported they rarely or never wore seat belts

Drinking and Driving

- **27%** of 8th-12th grade respondents reported being a passenger at least once in the past 30 days when the driver had been drinking alcohol; **7%** reported four or more times
- **11%** of respondents 16 years and older reported they drove at least once in the past 30 days after they drank alcohol; **6%** reported two or more times



The Healthy People 2020 goal for high school students riding with a driver who had been drinking alcohol in the past 30 days is 25.5%. (SA-1)⁵

Helmet Use

- **92%** of 8th-12th grade respondents reported they never or rarely wore a helmet when riding a bicycle in the past 12 months

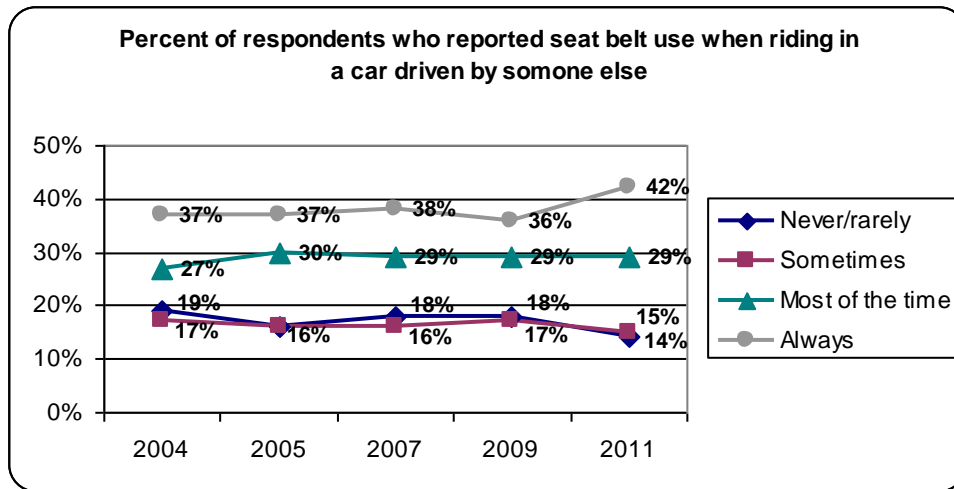
Traffic Safety Trends

From 2004 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Wearing bicycle helmets when riding a bicycle in the past 12 months

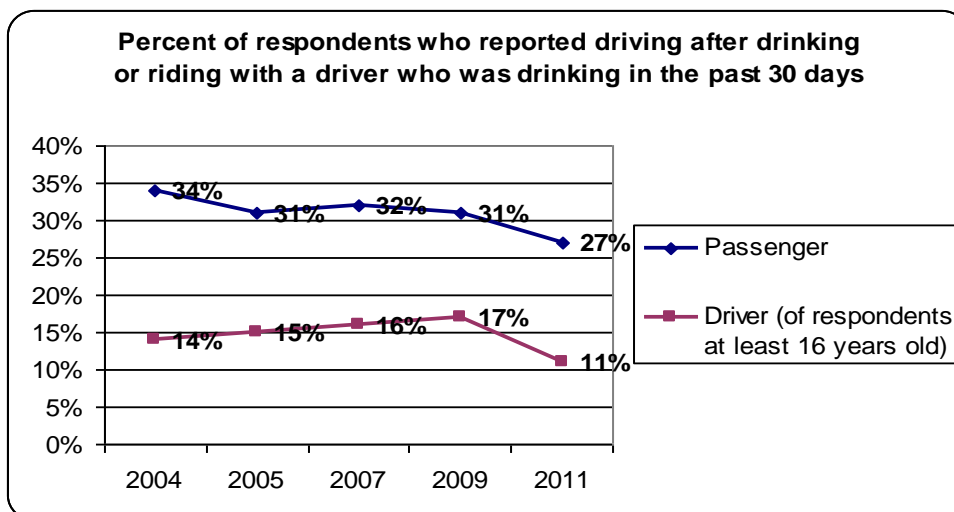
From 2004 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Never or rarely wearing a seat belt (**19% to 14%**)



From 2004 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Being a passenger in a car when the driver had been drinking (**34% to 27%**)
- Driving at least once in the past 30 days after drinking alcohol (**14% to 11%**)



PERSONAL SAFETY

Youth violence is an important public health problem in the United States and refers to harmful behaviors that can start early and continue into young adulthood. The young person can be a victim, an offender, or a witness to the violence.⁶ Violence refers to the intentional use of physical force or power, against another person, group, or community, with the behavior likely to cause physical or psychological harm.⁷ However, it also includes various behaviors such as bullying, slapping, and aggressive dating tactics that can start with teasing and name-calling but can lead to more serious violence like physical assault and rape. Unhealthy relationships can start early and last a lifetime. According to the Centers for Disease Control and Prevention (CDC), youth violence is the second leading cause of death for young people between the ages of 10 and 24.^{7, 8}

2011 West Allis-West Milwaukee Highlights

Key Personal Safety Issues

- **15%** of 8th-12th grade respondents reported they carried a weapon in the past 30 days
- **33%** of high school respondents reported being in a physical fight in the past 12 months; **37%** of 8th grade respondents reported this

Percent of respondents (male vs. female) involved in key personal safety issues		
	Males	Females
Carried a weapon in the past 30 days	22%	7%
In a physical fight in the past 12 months	41%	27%
Hit, slapped or physically hurt by boyfriend or girlfriend in the past 12 months	13%	10%
Forced verbally or physically to take part in a sexual activity at least once in their life	8%	14%

The Healthy People 2020 goal for high school students having a physical fight in the past 12 months is 28.4%. (IVP-34)⁵

Dating/Sexual Violence

- **12%** of high school respondents reported they were hit, slapped, or physically hurt by a boyfriend or girlfriend in the past 12 months
- **11%** of high school respondents reported they were forced verbally or physically to take part in a sexual activity at least once in their life

Personal Safety Trends

From 2004 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Carrying a weapon, being in a physical fight, or being forced to take part in a sexual activity
- Being physically hurt by a boyfriend or girlfriend in the past 12 months



SCHOOL SAFETY

School violence is a subset of youth violence, and refers to violence that occurs on school property, on the way to or from school, during a school-sponsored event or on the way to or from a school-sponsored event. Between 10-25% of child and adolescent injuries occur on school premises. Acts of violence can disrupt the learning process and have a negative effect on students, the school itself, and the broader community. Preventing unintentional injuries, violence, and suicide in schools could have a broader impact on community-wide efforts to promote safety.^{7, 9}

2011 West Allis-West Milwaukee Highlights

Key School Safety Issues

- **11%** of high school respondents reported being threatened or injured with a weapon such as a gun, knife, or club on school property in the past 12 months
- Male respondents were more likely to report being threatened or injured with a weapon on school property (**15%**) compared to female respondents (**6%**)
- **15%** of high school respondents reported they were in a physical fight on school property in the past 12 months
- Respondents with lower academic grades were more likely to report someone tried to hurt them on school property (**21%**) compared to respondents with higher academic grades (**11%**)
- **22%** of high school respondents reported someone tried to hurt them by hitting, punching, or kicking on school property in the past 12 months
- Male respondents were more likely to report someone tried to hurt them on school property (**28%**) compared to female respondents (**15%**)

Violence related behaviors at school by grade level in the past 12 months					
Grades	8 th	9 th	10 th	11 th	12 th
Threatened or injured with a weapon on school property in the past 12 months	NA	10%	9%	10%	12%
In a physical fight on school property in the past 12 months	NA	18%	12%	13%	16%
Hit, punched or kicked by someone on school property in the past 12 months	NA	29%	19%	17%	19%
Harassed, picked on or bullied so much they felt unsafe at school or it was hard to do their best	18%	17%	17%	18%	15%
Did not go to school at some time in the past 30 days because they felt unsafe	10%	8%	8%	10%	11%

Bullying at School

- **17%** of high school respondents reported they were harassed, picked on, or bullied so much that they felt unsafe at school or that it was hard for them to do their best at school in the past 12 months; **18%** of 8th grade respondents reported this
- **45%** of respondents agreed or strongly agreed harassment and bullying was a problem at their school

The Healthy People 2020 goal for high school students being bullied in the past 12 months is 17.9%. (IVP-35)⁵

Feeling Safe at School

- **16%** of 8th-12th grade respondents reported they never or rarely feel safe from physical harm at school, while **37%** reported they always feel safe
- **10%** of respondents reported they did not go to school because they felt unsafe at school or on the way to school in the past 30 days



Attitudes Toward Violence

- **37%** of 8th-12th grade respondents agreed or strongly agreed violence is a problem at their school while **26%** disagreed or strongly disagreed
- Female respondents (**42%**) more often agreed that violence is a problem at school than male respondents (**32%**)

School Safety Trends

From 2007 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Violence-related behaviors at school
- Never/rarely feeling safe from physical harm at school

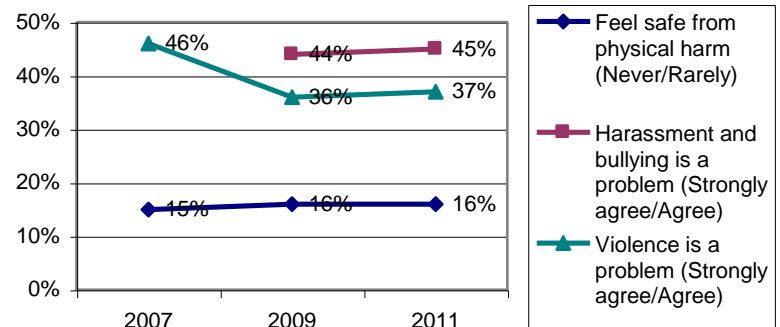
From 2007 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- They agree or strongly agree that violence is a problem at their school (**46%** to **37%**)

From 2007 to 2011, there was a statistical increase in the overall percent of respondents who reported:

- Being involved in a physical fight at school in the past year (**13%** to **15%**)

Percent of respondents reporting opinions on school safety



MENTAL HEALTH

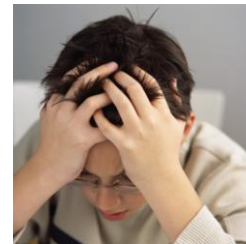
Even though most American children and youth experience normal, health development, approximately 6 to 9 million have serious emotional disturbances. Research shows that one of five children and adolescents aged 9 to 17 years experience symptoms of mental health problems that cause some level of impairment in a given year. However, fewer than 20% who need mental health services receive them.¹⁰ Mental illness usually strikes individuals in the prime of their lives, often during adolescence and young adulthood. All ages are susceptible, but the young and the old are especially vulnerable.¹¹ Left untreated, mental health disorders in children and adolescents lead to higher rates of suicide, violence, school dropout, family dysfunction, juvenile incarcerations, alcohol and other drug use, and unintentional injuries.¹⁰

2011 West Allis-West Milwaukee Highlights

The results of the 2011 West Allis-West Milwaukee Youth Risk Behavior Survey showed in all categories surveyed, respondents with lower academic grades were more likely to report a mental health issue compared to respondents with mostly A's or B's.

Long-term Emotional or Mental Health Problems

- **26%** of 8th-12th grade respondents reported they have a long-term emotional or mental health problem like depression, anxiety, ADD, ADHD, an eating disorder, or cutting
- **28%** of female respondents reported they have a long-term emotional or mental health problem compared to **23%** of male respondents



Feelings of Sadness and Hopelessness

- In the past 12 months, **29%** of 8th-12th grade respondents felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activity
- **36%** of female respondents more often reported they felt sad or hopeless compared to **22%** of male respondents
- 12th grade respondents (**35%**) were more likely to report they felt sad or hopeless compared to students in other grades

Considered Suicide in the Past 12 Months

- **18%** of 8th-12th grade respondents reported they seriously considered attempting suicide in the past 12 months
- **21%** of female respondents reported they considered suicide compared to male respondents (**15%**)

Attempted Suicide in the Past 12 Months

- **8%** of 8th-12th grade respondents reported at least one suicide attempt in the past 12 months
- Female respondents were more likely to report attempted suicide (**10%**) compared to males (**7%**)

The Healthy People 2020 goal is to reduce attempted suicides of adolescents to 1.7%. (MHMD-2)⁵

Injury with Suicide Attempt

- **3%** of all high school respondents, or **31%** of those who attempted suicide, reported the attempt resulted in an injury that had to be treated by a doctor or nurse

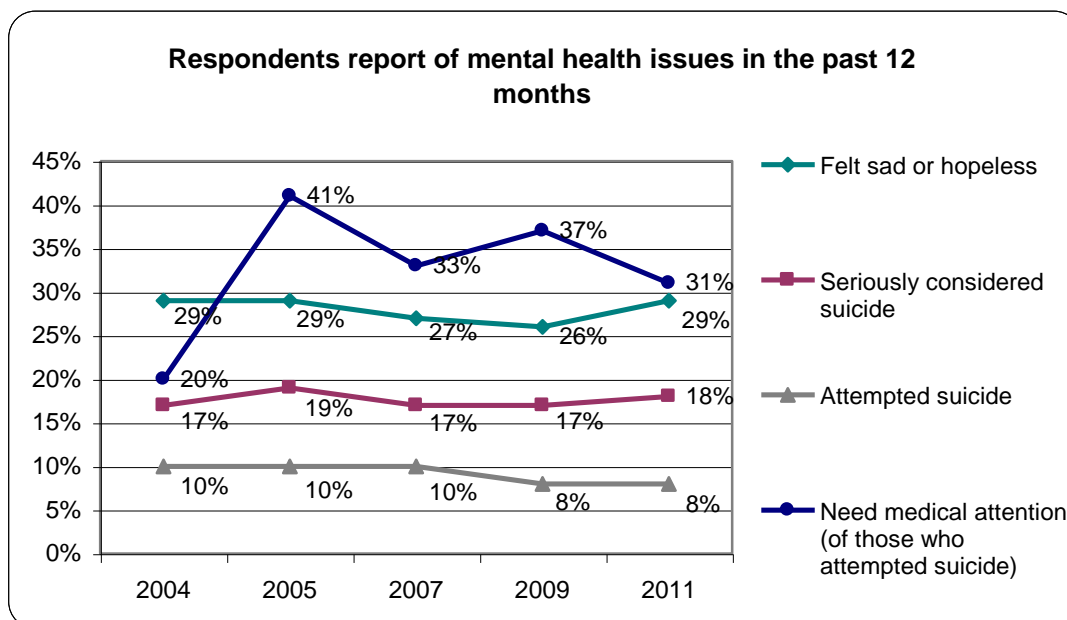
Mental Health Trends

From 2009 to 2011, there was a statistical increase in the overall percent of respondents who reported:

- Having a long-term emotional or mental health problem like depression, anxiety, ADD/ADHD, eating disorders or cutting (**22% to 26%**)

From 2004 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Feeling sad or hopeless
- Seriously considering suicide
- Attempting suicide
- Needing medical attention if they attempted suicide



ASTHMA

Asthma is the most common chronic disorder in childhood causing repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma is the third leading cause of hospitalization among children under age 15 years and is one of the main reasons that students miss school due to illness – totaling more than 14 million lost school days every year.¹³

2011 West Allis-West Milwaukee Highlights

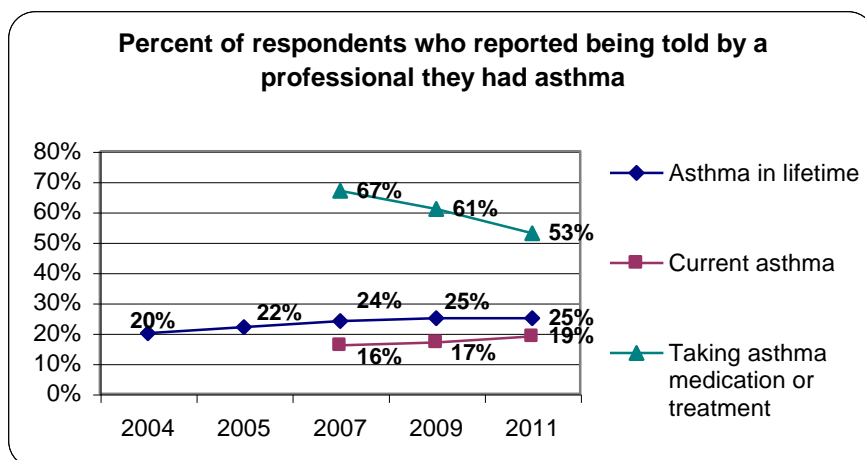
Asthma

- **25%** of 8th-12th grade respondents reported they have been told they had asthma in their lifetime
- **19%** of all respondents currently have asthma while **53%** of them are currently taking medication or treatment for their asthma
- Female respondents with asthma (**66%**) were more likely to report they were taking medication/treatment for their asthma compared to male respondents with asthma (**43%**)

Asthma Trends

From 2004 to 2011 there was a statistical increase in the overall percent of respondents who reported:

- Being told by a health professional they had asthma in their lifetime (**20%** to **25%**)



From 2007 to 2011, there was a statistical increase in the overall percent of respondents who reported:

- Currently having asthma (**16%** to **19%**)

From 2007 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Taking medication/treatment for asthma (**67%** to **53%**)

TOBACCO USE

Tobacco use, including cigarettes, cigars, and smokeless tobacco, is the single leading preventable cause of death in the United States. Smoking and smokeless tobacco use are usually initiated during adolescence. More than 80% of adult smokers begin smoking before 18 years of age. In fact, each day in the U.S., approximately 3,450 young people between 12 and 17 years of age smoke their first cigarette, and an estimated 850 youth become daily cigarette smokers.¹²

Tobacco use during adolescence is associated with high-risk sexual behavior, the use of alcohol, and the use of other drugs. Adolescent smokeless tobacco users are more likely than nonusers to become adult cigarette smokers. This is disturbing due to the number of U.S. high school students who have reported using smokeless tobacco products in recent years.¹²

2011 West Allis-West Milwaukee Highlights

Never Smoked Cigarettes

- **61%** of 8th-12th grade respondents reported they had never tried a cigarette in their lifetime, even a puff
- Respondents in older grade levels were more likely to have tried a cigarette or smoked a whole cigarette than those respondents at younger grade levels
- Respondents with a smoking adult in the household were more likely to have tried a whole cigarette (**46%**) compared to respondents with nonsmoking adults in the household (**32%**)
- **18%** reported they first smoked a cigarette, even a puff, when they were age 12 or younger; **21%** when they were 13 or older



Age First Tried Cigarettes

- **9%** of 8th-12th grade respondents reported they first smoked a whole cigarette when they were twelve years old or younger
- **17%** reported 13 years or older

Current Smoking Habits

- **18%** of high school respondents were classified as current smokers. That is, they smoked at least one cigarette in the past month; **5%** of 8th grade respondents reported this
- **9%** of 8th-12th grade respondents were frequent smokers (smoked on at least 20 days in the past 30)
- Respondents in 12th grade (**28%**) were more likely to be current smokers compared to those in younger grades

The Healthy People 2020 goal for high school students smoking cigarettes in the past month is 16%. (TU-2.2)⁵

Cigarette Consumption

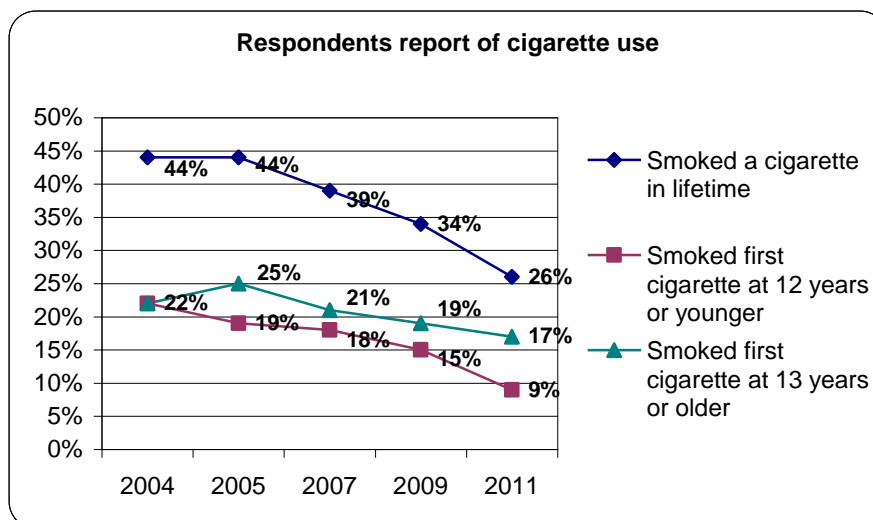
- Of the 8th-12th grade students who reported smoking, **31%** reported smoking one or fewer cigarettes on the days they smoked, while **28%** reported two to five cigarettes per day, **14%** reported six to ten cigarettes, and **15%** reported smoking 11 or more cigarettes per day (heavy smokers)
- Male respondents (**22%**) more often reported heavy smoking on the days they smoked compared to female respondents (**7%**)

Percent of 8 th -12 th grade respondents classified as heavy smokers	
All grades	15%
8 th grade	4%
9 th grade	9%
10 th grade	14%
11 th grade	12%
12 th grade	20%

Smoking Trends

From 2004 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Smoking a cigarette in their lifetime (**44% to 26%**)
- Having their first cigarette at age 12 years or younger (**22% to 9%**)
- Having their first cigarette at age 13 years or older (**22% to 17%**)

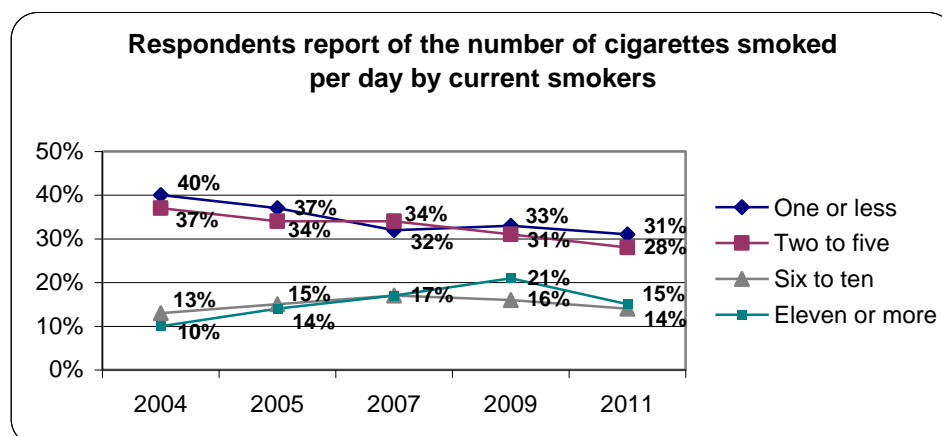


From 2004 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Being a current smoker, that is, smoking on at least one day in the past month (**28% to 16%**)
- Being a frequent smoker, that is, smoking on 20 or more days in the past month (**12% to 9%**)

From 2004 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Being a heavy smoker, that is, smoking eleven or more cigarettes a day



2011 West Allis-West Milwaukee Highlights

Quitting Smoking

- Of those high school respondents who reported currently smoking, **45%** tried to quit smoking in the past 12 months
- Females (**55%**) attempt to quit smoking more often than males (**38%**)

The Healthy People 2020 goal for high school smokers trying to quit is 64%. (TU-7)⁵

Risk associated with smoking cigarettes

- **8%** of 8th-12th grade respondents reported there was no risk associated with smoking a pack of cigarettes while **59%** reported a great risk
- **66%** of female respondents reported a great risk compared to **53%** of male respondents
- Students with higher academic grades, or who were nonsmokers, more often reported there was a great risk associated with smoking one or more packs of cigarettes a day

Opinions about smoking cigarettes

- **68%** of 8th-12th grade respondents reported their parents would feel it is very wrong for them to smoke cigarettes
- Only **5%** reported their parents would feel it was not at all wrong

Respondents report of parent feelings about students smoking cigarettes					
Grades	8 th	9 th	10 th	11 th	12 th
Very wrong	81%	75%	70%	63%	52%
Wrong	13%	18%	19%	23%	27%
A little bit wrong	4%	5%	7%	8%	12%
Not at all wrong	2%	3%	4%	7%	9%

Tobacco use in the household

- **45%** of 8th-12th grade respondents reported they have at least one adult in the household who is a regular smoker

Obtaining cigarettes

Of current smokers who were 17 years or younger:

- **28%** reported they gave their money to someone else to buy them
- **20%** borrowed cigarettes from friends
- **16%** reported they bought their cigarettes in a store such as a convenience store, supermarket, discount store or gas station
- **10%** reported receiving them from family members
- **5%** reported taking them from a store or family member
- **6%** reported buying them from a vending machine

Ease in obtaining tobacco

- **41%** of 8th-12th grade respondents reported it would be very easy or sort of easy to get tobacco products
- Only **9%** reported it would be very hard or sort of hard
- As grade level increased, so did the reported ease of obtaining tobacco.
- Smokers (**84%**) more often reported it was very easy or sort of easy compared to nonsmokers (**32%**)

Other Smoking Trends

From 2004 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Trying to quit smoking in the past year
- Having at least one adult in the household who is a regular smoker

From 2005 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- It was very easy or sort of easy to get tobacco (**55%** to **41%**)

From 2007 to 2011, there was statistical decrease in the overall percent of respondents who reported:

- Great risk associated with smoking a pack of cigarettes or more a day (**62%** to **59%**)

From 2009 to 2011, there was a statistical increase in the percent of respondents who reported:

- Their parents would feel it was very wrong for them to smoke cigarettes (**66%** to **68%**)

2011 West Allis-West Milwaukee Highlights**Smokeless tobacco**

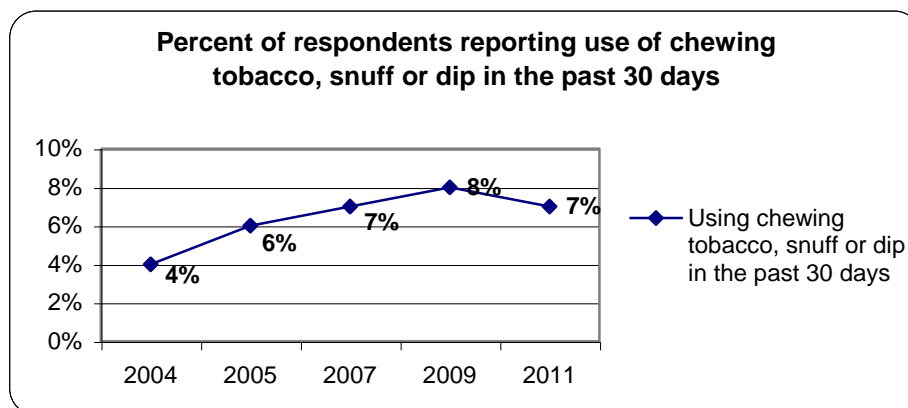
- **7%** of high school respondents reported using chewing tobacco, snuff, or dip in the past 30 days; **2%** of 8th grade respondents reported this
- **10%** of male respondents reported they used chew, snuff, or dip compared to **3%** of female respondents
- **13%** of respondents in 12th grade reported they used chew, snuff or dip compared to **2%** of respondents in 8th grade

The Healthy People 2020 goal for high school student use of smokeless tobacco products in the past month is 6.9%. (TU-2.3)⁵

Smokeless Tobacco Trends

From 2004 to 2011, there has been a statistical increase in the overall percent of respondents who reported:

- Using chewing tobacco, snuff, or dip in the past 30 days (**4%** to **7%**)



ALCOHOL USE

Alcohol is the most commonly used and abused drug among youth in the United States, more than tobacco and illicit drugs. Although drinking by persons under the age of 21 is illegal, people aged 12 to 20 years of age drink 11% of all alcohol



consumed in the United States. More than 90% of this alcohol is consumed in the form of binge drinks. On average, underage drinkers consume more drinks per drinking occasion than adult drinkers.¹⁴ Underage drinking can increase the risk of many harmful health conditions and has been associated with high risk social situations such as unprotected sexual activity, physical fights, suicide and abuse of other drugs.^{14,15}

2011 West Allis-West Milwaukee Highlights

Age First Drank Alcohol

- **31%** of 8th-12th grade respondents reported having their first drink at age 12 or younger while **37%** reported age 13 or older
- Female respondents were more likely to report they had their first drink at age 13 or older (**42%**) compared to male respondents (**33%**)
- Male respondents were more likely to report having their first drink at age 12 or younger (**34%**) compared to female respondents (**27%**)

Lifetime Drank Alcohol

- **68%** of 8th-12th grade respondents reported they had a drink of alcohol, other than a few sips at least once in their life
- Female respondents were more likely to report drinking alcohol (**69%**) compared to male respondents (**67%**)
- **20%** of high school seniors reported they have never consumed alcohol compared to **45%** of 8th grade respondents

The Healthy People 2020 goal for high school seniors who have never consumed alcohol is 30.5%. (SA-2.3)⁵

Occasions Drank Alcohol in Past 30 Days

- **39%** of 8th-12th grade respondents reported drinking alcohol in the past 30 days

Binge Drinking

- **20%** of 8th-12th grade respondents reported binge drinking (five or more drinks in a row) in the past 30 days
- Respondents in 12th grade were more likely to report binge drinking (**28%**) compared to those in 8th grade (**7%**)

The Healthy People 2020 goal for adolescent (12 to 17 years old) binge drinking in the past 30 days is 8.5%. (SA-14.4)⁵

Obtaining alcohol

Of the 8th-12th grade respondents who drank alcohol:

- **28%** of respondents reported someone gave them the alcohol
- **19%** of respondents reported they gave money to someone to buy their alcohol
- **8%** of respondents reported they took it from a store or a family member
- **5%** of respondents reported they bought their alcohol from a store

Ease in obtaining alcohol

- **53%** of respondents reported it was very easy or sort of easy to obtain alcohol

Risk associated with drinking alcohol

- **29%** of 8th-12th grade respondents reported there was a great risk associated with drinking one or two drinks nearly every day
- **34%** of females reported there was a great risk associated with drinking one or two drinks nearly every day compared to **24%** of male respondents

Opinions about Alcohol

- **40%** of respondents reported their parents would feel it was very wrong for them to drink alcohol at least twice a month
- **74%** of respondents reported their parents would feel it was very wrong for them to drink alcohol regularly (one or two drink nearly every day)
- **59%** of respondents reported they would strongly (**38%**) or somewhat (**21%**) disapprove of someone their age have one or two drinks of alcohol nearly every day
 - 8th grade – **54%**
 - 10th grade – **60%**
 - 12th grade – **63%**

The Healthy People 2020 goal for adolescents disapproving of someone their age having one or two drinks nearly every day is:

8th grade – 86.4% (SA-3.1)⁵

10th grade – 85.4% (SA-3.2)⁵

12th grade – 77.6% (SA-3.3)⁵

Alcohol Trends

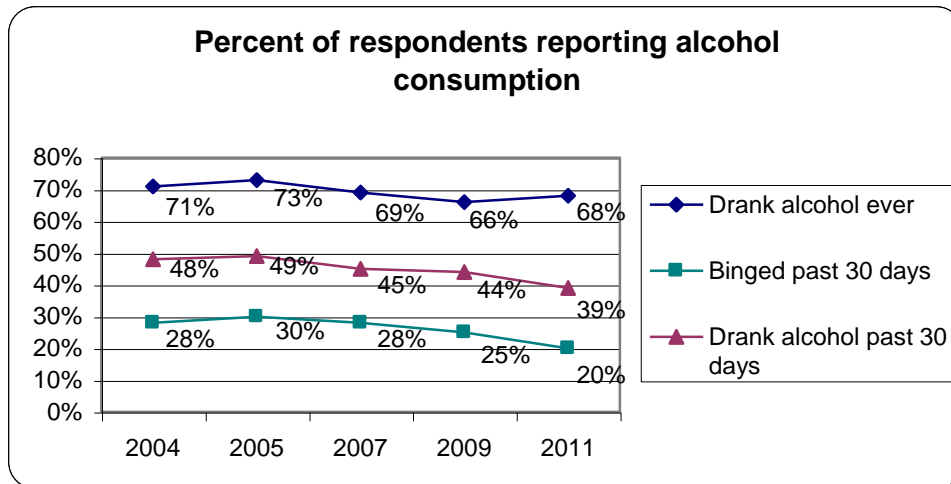
From 2004 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Having their first drink at age 12 years or younger

- Parents would feel it was wrong for student to drink alcohol twice a month

From 2004 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Having a drink in their lifetime (**71% to 68%**)
- Having a drink in the past 30 days (**48% to 39%**)
- Having their first drink at age 13 years or older (**43% to 37%**)
- Binge drinking in the past 30 days (**28% to 20%**)



From 2009 to 2011, there was a statistical increase in the overall percent of respondents who reported:

- Great risk associated with drinking one to two drinks nearly every day (**26% to 29%**)

From 2005 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- It was very easy or sort of easy to obtain alcohol (**61% to 53%**)

MARIJUANA USE

Marijuana use is prevalent among adolescents and young adults. The potency of marijuana has been steadily increasing. This increase raises concerns that the consequences of marijuana use could be worse than in the past, particularly among new users, or in young people, whose brains are still developing.¹⁶ Short-term effects of marijuana use include euphoria, distorted perceptions, memory impairment, and difficulty thinking and solving problems. In 2009, 28.5 million Americans age 12 and older had abused marijuana at least once in the year prior to being surveyed.¹⁷ Marijuana's effects on attention and memory make it difficult not only to learn something new, but to do complex tasks that require focus and concentration. Marijuana can also alter judgment and reduce inhibitions. This can lead to risky behaviors that can expose the user to sexually transmitted diseases like HIV, the virus that causes AIDS.¹⁸

2011 West Allis-West Milwaukee Highlights

Age First Used Marijuana

- **11%** of 8th-12th grade respondents reported they first used marijuana at age 12 years or younger
- Male respondents were more likely to report first use of marijuana at age 12 years or younger (**14%**) compared to female respondents (**7%**)

Lifetime Marijuana Use

- **38%** of 8th-12th grade respondents reported they used marijuana at least once in their life

Past Month Marijuana Use

- **26%** of 8th-12th grade respondents reported they used marijuana in the past month
- Male respondents were more likely to report marijuana use in the past 30 days (**28%**) than female respondents (**23%**)

The Healthy People 2020 goal for adolescents (12 to 17 years old) who report using marijuana during the past 30 days is 6.0%. (SA-13.2)⁵

Risk Associated with Smoking Marijuana Regularly

- **35%** of 8th-12th grade respondents reported it was a great risk to smoke marijuana regularly
- **21%** of respondents reported there was no risk in people harming themselves if they smoked marijuana regularly

The Healthy People 2020 goal for adolescents (12 to 17 years old) who perceive great risk associated with smoking marijuana once a month is 37.3%. (SA-4.2)⁵

Parent Feelings about Student Smoking Marijuana

- **69%** of 8th-12th grade respondents reported their parents would feel it is very wrong for them to smoke marijuana
- **76%** of respondents with mostly A's or B's reported their parents would feel it is very wrong for them to smoke marijuana compared to **57%** of respondents with lower academic grades

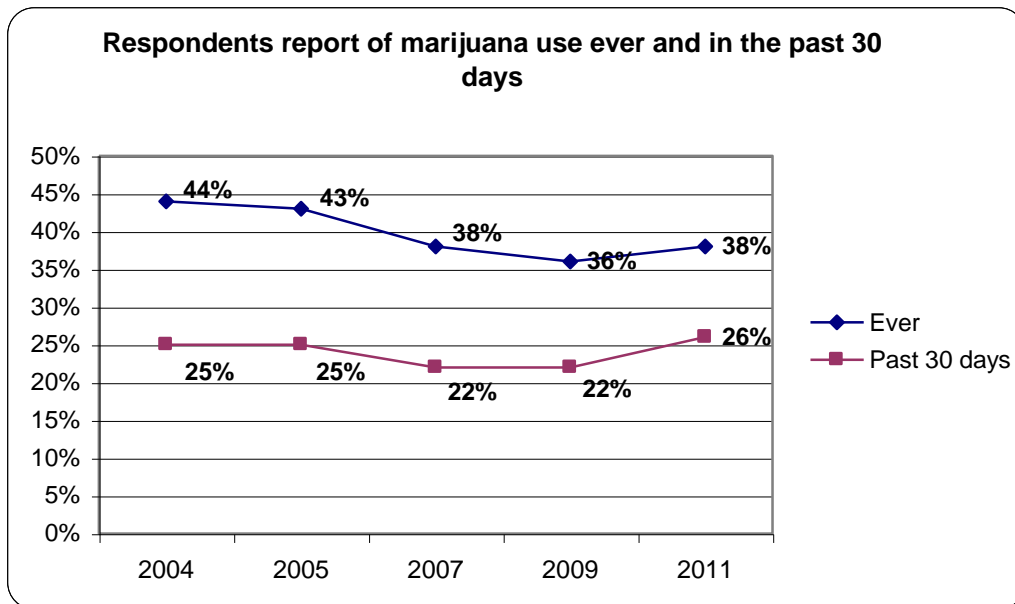
Marijuana Trends

From 2004 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Trying marijuana for the first time at age 13 and older (**31%** to **27%**)
- Trying marijuana for the first time at age 12 or younger (**14%** to **11%**)
- Trying marijuana ever (**44%** to **38%**)

From 2004 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Using marijuana in the past 30 days



From 2007 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Great risk in smoking marijuana regularly (**41%** to **35%**)

From 2009 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Their parents would feel it was very wrong for respondents to smoke marijuana (**74%** to **69%**)

ILLICIT DRUG ABUSE

Illicit drug abuse is a complex public health issue and has a significant impact on a community's health. Cocaine, heroin, methamphetamines, inhalants, and ecstasy are examples of frequently abused substances having negative behavioral and health outcomes. Long-term consequences such as chronic depression and psychosis may result from drug use. Injection drug use is associated with HIV/AIDS transmission and hepatitis B and C infections. In addition to the effects various drugs may have on specific organs of the body, many drugs produce global body changes such as dramatic changes in appetite and increases in body temperature, which may impact a variety of health conditions. Withdrawal from drug use may lead to numerous adverse health effects, including restlessness, mood swings, fatigue, changes in appetite, muscle and bone pain, insomnia, cold flashes, diarrhea, and vomiting. Illegal use of drugs is linked to serious consequences, including injury, illness, disability and death as well as crime, domestic violence, and lost productivity.¹⁹

2011 West Allis-West Milwaukee Highlights

Age First Tried Cocaine or Heroin

- **4%** of high school respondents reported they first used cocaine at age 12 or younger
- **5%** reported they first used cocaine at age 13 or older
- **4%** of high school respondents reported they first used heroin at age 12 or younger
- **3%** reported they first used heroin at age 13 or older
- Male respondents were more likely to report trying cocaine or heroin at an earlier age (12 or younger) than female respondents



Lifetime Cocaine or Heroin Use

- **92%** of high school respondents reported they never used cocaine
- **93%** of high school respondents reported they never used heroin

Past Month Cocaine or Heroin Use

- **6%** of high school respondents reported they used cocaine in the past 30 days
- **6%** of high school respondents reported they used heroin in the past 30 days
- Respondents who were in older grade levels, male or with lower academic grades were more likely to report cocaine or heroin use in their lifetime or in the past 30 days

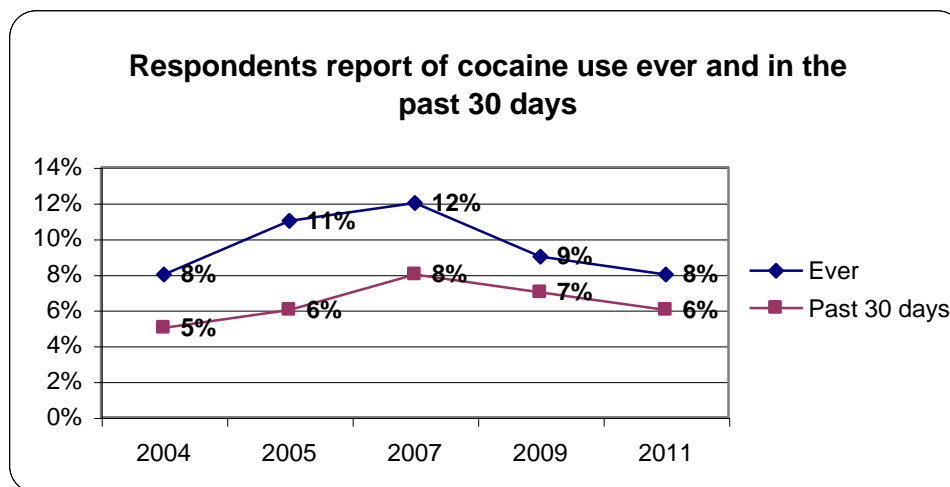
Cocaine and Heroin Trends

From 2004 to 2011, there was a statistical increase in the overall percent of respondents who reported:

- Trying cocaine at age 12 or younger (2% to 4%)

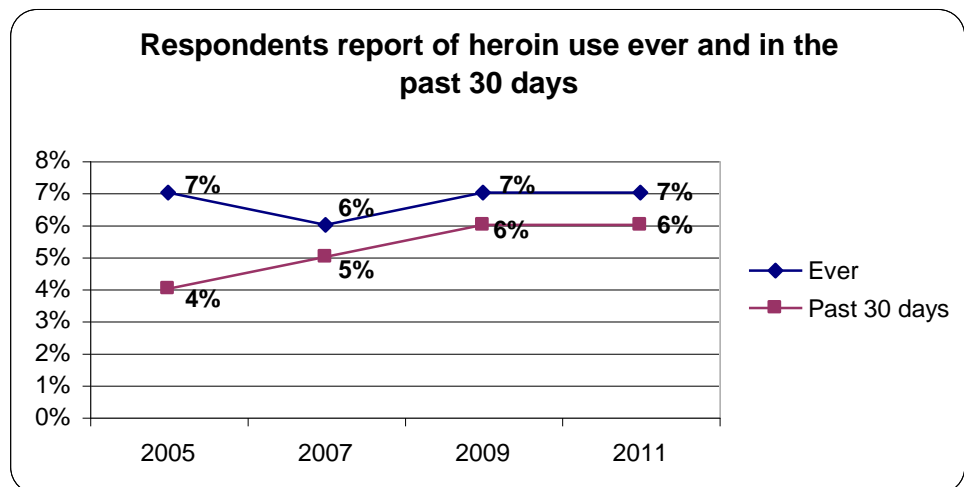
From 2004 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Trying cocaine ever
- Trying cocaine in the past 30 days



From 2005 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Trying heroin ever
- Trying heroin in the past 30 days



2011 West Allis-West Milwaukee Highlights

Age First Tried Methamphetamines, Inhalants and Ecstasy

- **3%** of high school respondents reported they first used methamphetamines at age 12 or younger
- **7%** reported they first used inhalants at age 12 or younger
- **4%** reported they first used ecstasy at age 12 or younger

Percent of high school respondents lifetime use of, and age first used methamphetamines, inhalants or ecstasy

	Ever	12 or younger	13 or older
Methamphetamines	7%	3%	4%
Inhalants	13%	7%	6%
Ecstasy	10%	4%	6%

Lifetime Methamphetamines, Inhalants and Ecstasy Use

- **7%** of high school respondents reported they used methamphetamines in their lifetime
- **13%** of 8th-12th grade respondents reported they used inhalants in their lifetime
- **10%** of high school respondents reported they used ecstasy in their lifetime
- Respondents with lower academic grades were more likely to report use of inhalants, methamphetamines, or ecstasy in their lifetime

Methamphetamines, Inhalants and Ecstasy Trends

From 2004 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Trying inhalants for their first time at any age or in their lifetime

From 2005 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Trying methamphetamines in their lifetime

From 2007 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Trying ecstasy for their first time at any age or in their lifetime

From 2005 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Trying methamphetamines at age 13 or older (**5% to 3%**)

2011 West Allis-West Milwaukee Highlights

Illegal Drugs Offered, Sold or Given on School Property in Past 12 Months

- **28%** of high school respondents reported someone offered, sold or gave them an illegal drug on school property in the past 12 months; 14% of 8th grade respondents reported this
- **20%** reported they had attended school under the influence of alcohol or illegal drugs like marijuana or cocaine in the past 12 months

The Healthy People 2020 goal is to reduce the percent of 9th-12th grade students who report they were offered, sold, or given illegal drugs on school property in the past 12 months to 20.4%. (AH-7)⁵

Illegal Drugs on School Property Trends

From 2004 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Someone offered, sold or gave them an illegal drug on school property in the past 12 months
- Attending school under the influence of alcohol or illegal drugs like marijuana or cocaine in the past 12 months

PRESCRIPTION DRUG ABUSE

Prescription drug abuse is when someone takes a medication that was prescribed for someone else or takes their own prescription in a manner or dosage other than what was prescribed. Many teens believe abusing prescription drugs is safer than abusing illicit drugs. However, prescription drugs can have dangerous short- and long-term health consequences when used incorrectly or by someone other than for whom they were intended. Teens abuse prescription drugs for a number of reasons, including to get high, to treat pain, or because they think it will help them with school work.²⁰

Opioids (such as the pain relievers OxyContin and Vicodin), central nervous system depressants (e.g., Xanax, Valium), and stimulants (e.g., Ritalin, Adderall) are the most commonly abused prescription drugs. Both teens and young adults obtain the majority of prescription drugs from friends and relatives, sometimes without their knowledge.²⁰

2011 West Allis-West Milwaukee Highlights

Misuse of Prescription Pain Relievers

- **20%** of 8th-12th grade respondents reported they used prescription painkillers without a doctor's prescription at least once in their lifetime
- **7%** of respondents reported they took prescription painkillers without a doctor's prescription at age 12 or younger; **15%** at age 13 or older

Misuse of Prescription Drugs

- **16%** of 8th-12th grade respondents reported they took prescription drugs like Ritalin, Adderall, or Xanax without a prescription at least once in their lifetime
- **5%** of respondents reported they took prescription drugs like Ritalin, Adderall, or Xanax without a prescription at age 12 or younger; **12%** at age 13 or older

Prescription Medications Trends

From 2007 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Taking prescription drugs without a doctor's prescription in their lifetime or at age of onset

From 2007 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Taking prescription painkillers at the age of 13 or older (**19%** to **15%**)
- Taking prescription painkillers in their lifetime (**23%** to **20%**)

SEXUAL BEHAVIOR

Many young people engage in sexual risk behaviors that can result in unintended health outcomes and potentially life-altering concerns such as HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy.²¹ These sexual health concerns can create considerable emotional, social and economic costs through immediate and long-term impacts on the teen's health and well-being.²²

2011 West Allis-West Milwaukee Highlights

Important to Delay Sex

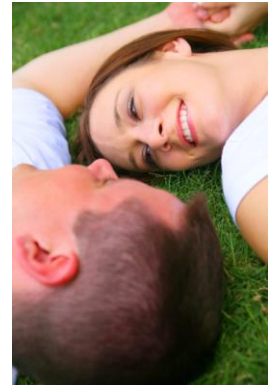
- **33%** of 8th-12th grade respondents reported it was important to delay having sexual intercourse until they were married, engaged, or in an adult committed relationship
- **40%** of female respondents reported delaying sex is important compared to **24%** of male respondents

Sexual Intercourse in Lifetime

- **40%** of 8th-12th grade respondents reported ever having had sexual intercourse in their lifetime

Age of First Sexual Intercourse

- **6%** of 8th-12th grade respondents reported having had their first sexual intercourse experience at age 12 years or younger compared to **34%** who reported 13 years or older
- Male respondents were more likely to report their first sexual intercourse experience at 12 years or younger while female respondents were more likely to report 13 years or older



Number of Sexual Partners

- Of those who have had sexual intercourse, **38%** of respondents reported they have had sexual intercourse with one person while **62%** reported two or more people
- Of those who have had sexual intercourse, **50%** of respondents reported they always use a birth control method while **29%** reported seldom or never

Drank Alcohol or Used Drugs Before Last Sexual Intercourse

- Of those who had sexual intercourse, **23%** of respondents reported they drank alcohol or used drugs before the last time they had sexual intercourse

Use of Birth Control

- **57%** of 8th-12th grade respondents reported they used a condom the last time they had sexual intercourse

- Of those who had sexual intercourse, **45%** of respondents in 8th grade reported seldom or never using a birth control method compared to **22%** of those in 12th grade

Sexual Behavior Trends

From 2004 to 2011, there was no statistical change in the overall percent of respondents who reported:

Percent of respondents (male vs. female) who reported drinking alcohol, using drugs, or using a condom with last sexual intercourse		
	Males	Females
Drank alcohol or used drugs before their last sexual intercourse	25%	19%
Condom use during last sexual intercourse	63%	51%

- It is important to delay sexual intercourse until they were married, engaged, or in an adult committed relationship
- Drinking alcohol or using drugs before their last sexual intercourse
- Age of onset for having sexual intercourse
- Ever having sexual intercourse

From 2004 to 2011, there was a statistical increase in the overall percent of respondents who reported:

- Seldom or never using a birth control method (**18% to 29%**)

From 2004 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Always using a birth control method (**66% to 50%**)

From 2007 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Using a condom during their last sexual intercourse (**68% to 57%**)

BODY WEIGHT

Maintaining a healthy weight isn't about fad diets or short-term dietary changes. It's about lifestyle choices that strike a balance between healthy eating, regular physical activity, and holding stable the number of calories consumed with the number of calories the body uses.²³ Regular physical activity is important for good health, and it's especially important if you're trying to lose weight or to maintain a healthy weight.²⁴



In the U.S., in 2008, more than one-third of children and adolescents were overweight or obese. Childhood obesity has both immediate and long-term effects on health and well-being. Obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure and are at greater risk for bone and joint problems, sleep apnea, and poor self-esteem. Adolescents who are obese are likely to be obese as adults and are therefore more at risk for obesity-related adult health problems.²⁵

Body Mass Index (BMI) is a measure of body weight calculated from a child's weight and height. BMI is a reliable indicator of body fat for most children and teens and can be considered an alternative for direct measures of body fat. Additionally, BMI is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. For children and teens, BMI is age- and sex-specific and is often referred to as BMI-for-age.²⁶

2011 West Allis-West Milwaukee Highlights

Overweight

- **26%** of 8th-12th grade respondents were classified as falling within the 85th percentile or higher BMI range from their self-reported height and weight
- **12%** were classified as obese (95th percentile or higher BMI) while **14%** were classified as overweight (85th to 94th percentile BMI)
- Male respondents (**28%**) were more likely to be classified in the 85th percentile or higher BMI range compared to female respondents (**24%**)

Perception of Personal Weight

- **18%** of 8th-12th grade respondents thought they were slightly or very underweight
- **54%** thought they were about the right weight
- **29%** thought they were slightly or very overweight
- Of the overweight respondents, **34%** thought they were underweight or the right weight

- Of the respondents who were not overweight, **86%** thought they were underweight or the right weight

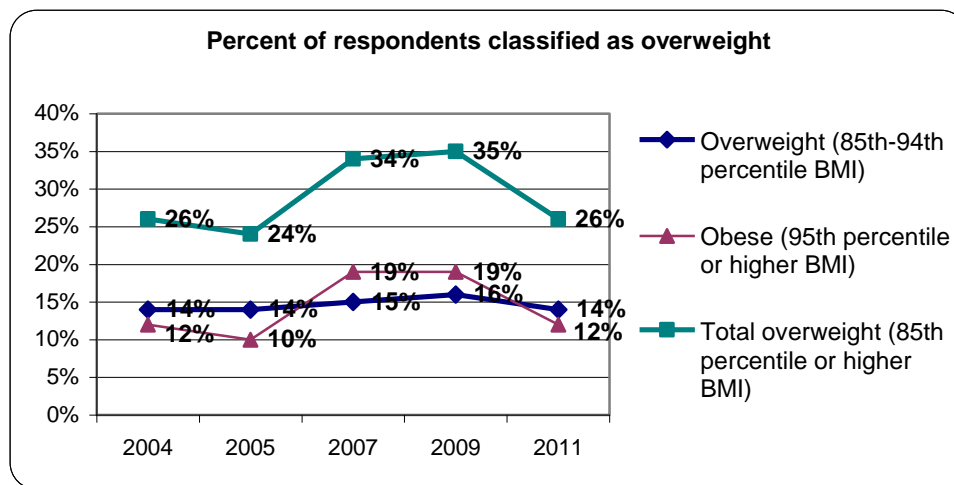
Trying to Do Something About Their Weight

- **43%** of high school respondents reported they were trying to lose weight
- **15%** reported they were trying to gain weight
- Female respondents were more likely to report trying to lose weight while males were more likely to report trying to gain weight

Body Weight Trends

From 2004 to 2011, there was no statistical change in the total overall percent of respondents:

- Classified as overweight with a BMI in the 85th percentile or higher



From 2004 to 2011, there was no statistical change in the total overall percent of respondents:

- Perception of personal weight as underweight, the right weight or overweight
- Trying to lose weight

EXERCISE



Youth can enhance their overall health and wellbeing by participating in 60 minutes or more of physical activity every day. Physical activity should include a combination of aerobic and age-appropriate muscle strengthening and bone strengthening exercise as each type provides important health benefits.²⁷

Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels. A consistent routine of physical activity may also positively affect students' academic performance, by improving concentration and attentiveness in the classroom.²⁸ Physical activity plays an important role in the prevention and control of obesity and is essential for good health at any weight.²⁹

2011 West Allis-West Milwaukee Highlights

Vigorous Exercise

- **61%** of 8th-12th grade respondents reported having exercised or participated in activity for at least 20 minutes on at least three days in the past week that made them sweat and breathe hard
- Male respondents (**67%**) were more likely to report vigorous exercise on at least three days compared to female respondents (**55%**)
- Students in 8th grade (**65%**) more often reported vigorous exercise on at least three days than other grade levels

Moderate Exercise

- **27%** of 8th-12th grade respondents reported having exercised or participated in a physical activity that increased their heart rate and made them breathe hard some of the time for at least 60 minutes on five or more days in the past week
- **36%** of male respondents reported moderate physical activity on at least five days for 60 or more minutes compared to **18%** of female respondents

Physical Education (PE) Classes

- **76%** of high school respondents reported they took a physical education class
- Of those who participated in a physical education class, **64%** reported exercising 31 or more minutes

TV/Computer Time on an Average School Day

- **36%** of 8th-12th grade respondents reported three or more hours of TV time on an average school day

- **32%** reported three or more hours of computer time on an average school day
- **71%** reported three or more hours of TV/computer time on an average school day
- Respondents in 8th and 9th grades more often reported three or more hours of TV time than students at other grade levels
- Respondents in 8th and 9th grade also more often reported spending three or more hours combined, watching TV and on the computer, on an average day

The table below details the amount of time spent watching TV or using the computer by 8th-12th grade respondents on an average school day by grade level and gender.

West Allis-West Milwaukee student report of watching TV and/or using the computer for three or more hours on an average school day			
	TV	Computer	Combined TV/Computer
All grades	36%	32%	71%
High School Only	35%	31%	70%
Grade level			
8 th grade	41%	36%	76%
9 th grade	41%	34%	76%
10 th grade	33%	32%	71%
11 th grade	31%	27%	68%
12 th grade	36%	31%	66%
Gender			
Male	38%	40%	76%
Female	35%	25%	67%

Exercise Trends

From 2004 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Taking a physical education class

From 2004 to 2011, there was a statistical increase in the overall percent of high school respondents who reported:

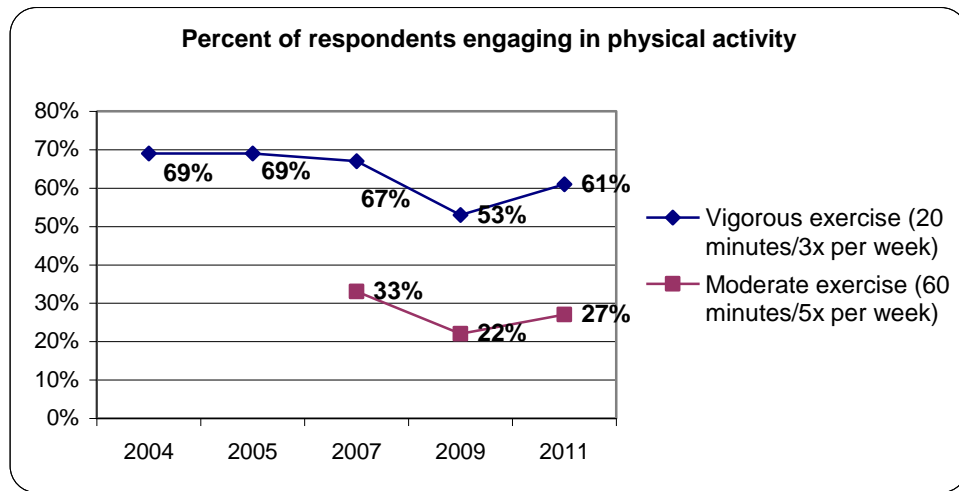
- Exercising 31 or more minutes during physical education class (**43%** to **64%**)

From 2004 to 2011, there was a statistical decrease in the overall percent of 8th-12th grade respondents who reported:

- Vigorous exercise for 20 minutes on at least three or more days in the past week (**69%** to **61%**)

From 2007 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Moderate exercise for 60 minutes on at least five days in the past week (**33%** to **27%**)



From 2007 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Spending three or more hours of TV time or combined TV/computer time per day.

From 2007 to 2011, there was a statistical increase in the overall percent of respondents who reported:

- Spending three or more hours of time per day on the computer (**28% to 32%**)

NUTRITION



Healthy eating in childhood and adolescence is important for proper growth and development and can prevent health problems such as obesity, dental caries, iron deficiency, and osteoporosis. Furthermore, eating a healthy breakfast is associated with improved cognitive function (especially memory), reduced absenteeism, and improved mood which could have a positive impact on school performance.³⁰

At any stage of life, increased consumption of excess calories from fats and added sugars in foods such as fast food and full calorie soda, is associated with obesity. According to the Surgeon General, an obese teenager has a greater than 70% risk of becoming an obese adult.²⁹ Therefore, establishing healthier eating habits in childhood and adolescence will help to prevent health problems such as obesity, heart disease, diabetes, and cancer later in life.³⁰

2011 West Allis-West Milwaukee Highlights

Eating Habits

- **22%** of 8th-12th grade respondents reported eating fruit two or more times per day in the past week
- **7%** reported having vegetables at least three times per day
- **18%** reported having three or more glasses of milk per day
- Male respondents more often reported eating the recommended number of servings of milk/dairy and vegetables than female respondents

Soda Consumption

- **18%** of 8th-12th grade respondents reported having two or more non-diet sodas per day in the past seven days while **10%** reported having one non-diet soda
- Male respondents (**22%**) reported drinking at least two non-diet sodas compared to female respondents (**15%**)

Breakfast (Past Seven Days)

- **17%** of 8th-12th grade respondents did not eat breakfast on any of the past seven days
- Only **34%** of respondents reported eating breakfast on six or more days in the past seven days
- Respondents with higher academic grades (**54%**) were more likely to report having breakfast on at least four days compared to respondents with lower academic grades (**38%**)

Nutrition Trends

From 2007 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Eating the recommended amount of fruit per day (**40% to 22%**)
- Drinking the recommended amount of milk per day (**23% to 18%**)

From 2007 to 2011, there was no statistical change in the overall percent of respondents who reported:

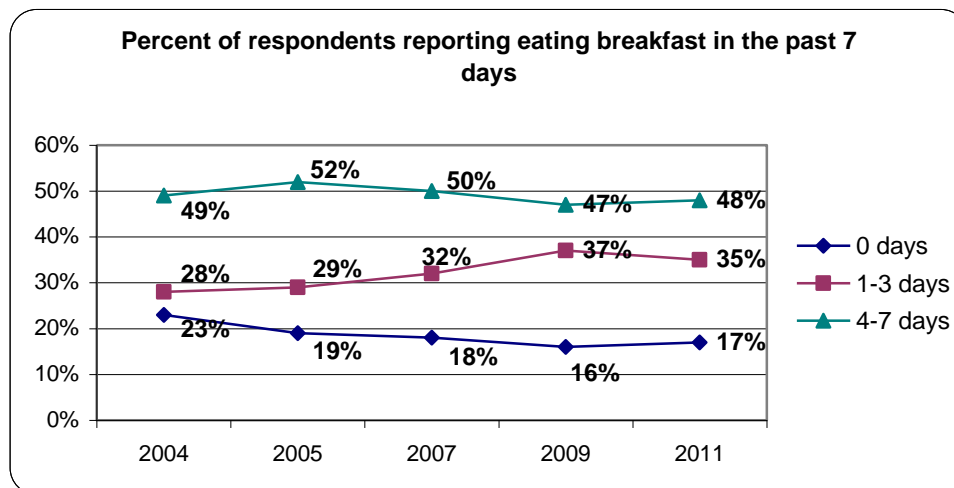
- Eating the recommended amount of vegetables per day

From 2005 to 2011, there was a statistical decrease in the overall percent of respondents who reported:

- Drinking two or more non-diet sodas per day (**26% to 18%**)

From 2004 to 2011, there was no statistical change in the overall percent of respondents who reported:

- Eating breakfast on four or more days in the past seven days



RESOURCES

1. Wisconsin Department of Health Services. A New Approach to MCH. The Lifecourse Framework for the Early Childhood Systems Initiative.
<http://www.dhs.wisconsin.gov/health/mch/PDF/LifecourseHandout.pdf>
2. Centers for Disease Control and Prevention. Teen Drivers: Fact Sheet.
http://www.cdc.gov/MotorVehicleSafety/Teen_Drivers/teendrivers_factsheet.html
3. Centers for Disease Control and Prevention. BAM! Body and Mind. Hard Facts about Helmets.
http://www.bam.gov/sub_yoursafety/yoursafety_helmets.html
4. Safe Kids USA. Injury Facts: Preventing Injuries: At Home, At Play and On the Way. Bicycling and Skating Safety Fact Sheet.
<http://www.safekids.org/our-work/research/fact-sheets>
5. U.S. Department of Health and Human Services. Office of Public Health and Science. Healthy People 2020.
<http://www.healthypeople.gov/2020/default.aspx>
6. Centers for Disease Control and Prevention. Injury Center: Violence Prevention. Understanding Youth Violence Fact Sheet.
<http://www.cdc.gov/ViolencePrevention/pdf/YV-FactSheet-a.pdf>.
7. Centers for Disease Control and Prevention. Injury Center: Violence Prevention. Youth Violence- About School Violence.
<http://www.cdc.gov/ViolencePrevention/youthviolence/schoolviolence/index.html>
8. Centers for Disease Control and Prevention. Injury Center: Violence Prevention. Intimate Partner Violence. Understanding Teen Dating Violence Fact Sheet.
http://www.cdc.gov/ViolencePrevention/pdf/TeenDatingViolence_2010-a.pdf
9. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Guidelines for School Health Programs to Prevent Unintentional Injuries and Violence: Summary.
<http://www.cdc.gov/HealthyYouth/injury/pdf/summary.pdf>.
10. Centers for Disease Control and Prevention. Adolescent and School Health. Healthy Youth! Health Topics- Mental Health.
<http://www.cdc.gov/healthyyouth/mentalhealth/index.htm>
11. National Alliance on Mental Illness (NAMI). About Mental Illness. Mental Illnesses. http://www.nami.org/template.cfm?section=about_mental_illness
12. Centers for Disease Control and Prevention. Youth and Tobacco Use.
http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
13. Centers for Disease Control and Prevention. Asthma. Basic Information.
<http://www.cdc.gov/asthma/faqs.htm>
14. Centers for Disease Control and Prevention. Alcohol and Public Health. Fact Sheets. Underage Drinking. <http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>

15. Centers for Disease Control and Prevention. Alcohol and Public Health. Fact Sheets. Alcohol Use and Health. <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
16. National Institutes of Health. National Institute on Drug Abuse. Research Report Series Marijuana Abuse. <http://www.drugabuse.gov/ResearchReports/Marijuana/marijuana2.html>
17. National Institutes of Health. National Institute on Drug Abuse. Marijuana – Drugs of Abuse and Related Topics. <http://www.nida.nih.gov/DrugPages/Marijuana.html>
18. National Institutes of Health. National Institute on Drug Abuse. Marijuana: Facts for Teens. <http://www.nida.nih.gov/MarijBroch/teens/002a.php#q06>
19. National Institutes of Health. National Institute on Drug Abuse. Medical Consequences of Drug Abuse. <http://www.nida.nih.gov/consequences/other>
20. National Institutes of Health. National Institute on Drug Abuse. NIDA for Teens. Prescription Drug Abuse. http://teens.drugabuse.gov/facts/facts_rx1.php
21. Centers for Disease Control and Prevention. Sexual Risks Behaviors: HIV, STD, & Teen Pregnancy Prevention. <http://cdc.gov/HealthyYouth/sexualbehaviors/>
22. Centers for Disease Control and Prevention. About Teen Pregnancy. <http://www.cdc.gov/teenpregnancy/AboutTeenPreg.htm>
23. Centers for Disease Control and Prevention. Healthy Weight- It's Not a Diet It's a Lifestyle! Introduction. <http://www.cdc.gov/healthyweight/index.html>
24. Centers for Disease Control and Prevention. Healthy Weight- It's Not a Diet It's a Lifestyle! Physical Activity for a Healthy Weight. http://www.cdc.gov/healthyweight/physical_activity/index.html
25. Centers for Disease Control and Prevention. Adolescent and School Health. Childhood Obesity Facts. <http://www.cdc.gov/healthyyouth/obesity/facts.htm>
26. Centers for Disease Control and Prevention. Healthy Weight- It's Not a Diet It's a Lifestyle! About BMI for Children and Teens. http://www.cdc.gov/healthyweight/assessing/bmi/childrens_BMI/about_childrens_BMI.html
27. Centers for Disease Control and Prevention. Division of Nutrition, Physical Activity and Obesity. 2008 Physical Activity Guidelines for Americans. Fact Sheet for Health Professionals on Physical Activity Guidelines for Children and Adolescents. http://www.cdc.gov/nccdphp/dnpa/physical/pdf/PA_FACT_Sheet_Children.pdf
28. Centers for Disease Control and Prevention. Adolescent and School Health. Physical Activity Facts. <http://www.cdc.gov/healthyyouth/physicalactivity/facts.htm>
29. U.S. Department of Health and Human Services. U.S. Public Health Service. The Surgeon General's Vision for a Healthy and Fit Nation 2010. <http://www.surgeongeneral.gov/library/obesityvision/obesityvision2010.pdf>
30. Centers for Disease Control and Prevention. Adolescent and School Health. Nutrition Facts. <http://www.cdc.gov/healthyyouth/nutrition/facts.htm>